

**Why More General Meetings Were Inaugurated at This Year's Annual Session.**—In recent issues mention was made of the departure from program arrangements of previous years, whereby each morning of the four-day session was set aside for a general meeting of all members; the meetings of the twelve scientific sections being held in the afternoons. The Committee on Scientific Work, in recommending this innovation, felt that the programs of the general meetings could be made of equal interest and value to physicians, both those in general and those in special practice. Also, that the recital and discussions in the general meetings on the progress and newer work in specialty fields were desirable for physicians doing general work, just as it was good for specialists, in turn, to keep more in mind their own relation to general medicine and practice. It will be interesting to observe the reaction of members in attendance at Coronado concerning these new procedures. If favorably received, they will, no doubt, be continued.

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**Sunday Meetings for Accessory and Affiliated Organizations.**—California, geographically considered, is a large state; on which account, both because of time and money factors, contemplated travel from place to place must usually be carefully considered by physicians. For instance, at this sixty-ninth annual session, the California Medical Association convenes at Coronado, practically on the Mexican border, in a city about one thousand miles distant from the California cities of Eureka and Yreka, adjacent to the Oregon border. Therefore, because of transportation conditions, this year's trip means practically an extra day away from practice for the majority of those members who reside north of the Tehachapi.

Which brings to mind the thought: why not emphasize the value of meetings on the Sunday which immediately precedes the opening session on Monday morning? The earnest and growing groups of members who register for the Sunday conferences in radiology and pathology give ample evidence of the desirability of such Sunday meetings, especially for physicians who can be away only a limited number of days, and who find week-end absences less disturbing in their work.

Members of the Committee on Scientific Work have also expressed the opinion that all meetings at which lectures or demonstrations are given by organizations that are not official units of the California Medical Association might well hold their major meetings on Sunday mornings and afternoons, in order to avoid conflict and overlapping with the afternoon meetings of the twelve Scientific Sections of the Association. In this connection, it must be remembered that, under the new arrangements, no Sections are permitted to hold morning meetings; and also, that Tuesday afternoon, as in previous years, is allocated for entertainment. On Sunday, meeting-room facilities are ample, but not so on other days of the session.

Attention is again called to the Sunday meetings for physicians who are interested in keeping in touch with radiologic and pathologic work. The

earnestness of those who have been attending these conferences is the best evidence of the worth of such meetings. The committees in charge of those programs will be glad to give information to physicians who are interested, and who have not availed themselves of the privileges of attendance.\*

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**All Members Should Visit Scientific and Technical Exhibits, and Medical Film Displays.** Some comment concerning the scientific exhibits and displays of medical films would seem to be in order. It is the hope of the Committee on Scientific Work that these features may be so developed that, in the future, they will become of increasing interest and value. In this connection it is proper at this time to advise all members who contemplate exhibit or film displays for next year's annual session to make their plans now, and confer at an early date with the proper officers and committees. Likewise, members who have in mind the submittal of papers for placement on the program of the annual session to be held next year should write as soon as convenient to the Secretary of the proper Scientific Section.†

#### MEDICAL SERVICE LEGISLATION

**Vigilance Concerning Proposed Legislation Must Not Abate.**—So long as statutes inimical to standards of scientific medicine and practice are pending in legislative halls at Washington or Sacramento, or are under serious consideration and approval of a state administration, the organized medical profession of California must continue to maintain an alert interest in proposed federal and state laws. The repeated onslaughts that have been made against the medical profession, from angles and forces not foreseen so recently as even ten years ago, and the widespread acceptance by a large number of citizens of the propagandist half-truths so ruthlessly and persistently exploited concerning supposed medical inadequacies, should convince all physicians that, in these matters, the medical profession of the United States is not confronted with a passing theory or emotional whim, but by an accomplished fact; namely that, for reasons best known to themselves, these propagandist agencies referred to have embarked on a determined campaign to bring about the enactment of so-called health and hospitalization measures which they so vociferously espouse, both on platforms and in press.

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**Physicians Must Be Alert to Civic Responsibilities.**—Wherefore, in order best to conserve the interests of the public health and the practice of scientific medicine, all physicians, more than ever before, should take an interest in civic matters, and be observant of candidates who aspire for office in the legislative chambers, or in the gubernatorial administrative divisions. Candidates who in the past have had affiliation with, or who, through their

\* For additional information, see in "Pre-Convention Bulletin," under "Other Meetings," on page 28.

† The list of Section officers appears in each issue of CALIFORNIA AND WESTERN MEDICINE, on advertising page 6.

own associations, are apt to coöperate and aid in carrying out designs of those who would bring into being laws that would radically change the nature of medical practice, from both scientific and economic standpoints, certainly should never receive the endorsement or support of physicians or other citizens who believe in sound public health principles.

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**Pending Legislation in U. S. Congress.**—At Washington, perhaps because of the troubles overseas and the political uncertainties of a presidential-election year, the proposed national Health Bill of Senator Robert F. Wagner of New York will probably not be passed out from committee for serious discussion on the Senate floor during the present session of Congress.

Whether the hospital construction bill—also introduced by Senator Wagner and having, in addition, the cordial approval of President Roosevelt—will go on to enactment by the present Congress is more difficult to forecast.

*The Journal of the American Medical Association* in recent issues (April 6, 1940, on pages 1365-1377, and April 13, on pages 1457-1465) printed the record of the hearings on this Wagner-George-Lea measure (S. 2330). A perusal of the proceedings makes evident not only the divergent views of the various speakers, but also the lack of exact knowledge and figures by proponents of the measure, who, as in so much of the new legislation of nowadays, here salve themselves with "objectives"; as if "theoretical objectives" were synonymous with "practical attainment of objectives." It is therefore to be hoped that this measure (S. 2330) will not be enacted in its present form.

Other federal legislation of analogous drift, such as Mr. Abraham Epstein's revised health insurance bill (S. 3660), introduced by Senator Capper of Kansas, has even less chance of passage during the present congressional session.

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**Political Medicine in California.**—Turning now to California, it is reassuring that, up to the time of this writing, no compulsory health bill initiative has been circulated for signatures. Here again, a number of distracting forces having relation to other matters have so engrossed the attention of the gubernatorial sponsors, committees and adherents—who acted as proponents for a similar measure in the 1939 legislature of California—that, seemingly, they have come to the conclusion it may be wisest policy not to place a compulsory health initiative on the state ballot of November, 1940. If this surmise be true, so much the better, because time will permit closer study of their proposed law, and also offer greater opportunities to reveal the weaknesses of this type of "bureaucratic and political medicine."

However, the proponents may be counted on again to come to the front with similar legislation when the next California Legislature convenes at Sacramento, in January, 1941. On which account,

as before stated, members of the medical profession should this year take an active interest in legislative candidates who place their names on the ballots at the primary election.

And in all assembly and senatorial districts support should be given only to those aspirants for office who may be depended upon to stand for sound public health and sane economic legislation.

#### AN HISTORICAL RETROSPECT: BUBONIC PLAGUE IN 1901

**A Gift from Pennsylvania.**—Several weeks ago, the Librarian of The Medical Society of the State of Pennsylvania sent to the California Medical Association a copy of the *Transactions of the Medical Society of the State of California* for 1901. That year was notable in the annals of the California Medical Association, because it was the period of the bubonic plague outbreak in San Francisco, and of the reorganization of the State Medical Association.

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**Bubonic Plague Outbreak in California; How the Battle Waged.**—In the *Transactions* referred to, the papers on Bubonic Plague, by David Powell of Marysville, S. J. S. Rogers of Marysville, and W. H. Kellogg of San Francisco, with the discussion by Dr. J. J. Kinyoun, U. S. Marine Hospital Service, covered some fifty-eight pages; wherein, speaking of the outbreak in San Francisco's Chinatown of that period, Doctor Kinyoun states:

... Another feature for preventing the spread of this disease [bubonic plague] is the Chinese fatalism and fear. When a Chinaman is quite sick, acquaintances who appear at first solicitous about his welfare become fewer and less frequent. Should the inmates of the house suspicion that the person is ill with what they term "black fever" [bubonic plague], there is a general exodus, no one standing on the order of his going. In conversation with several Chinese, I am told that this is the method of procedure in China, where the disease is epidemic. . . .

Later, again, there is this from Marine Health Officer Kinyoun:

... My statements made with regard to the presence of plague in San Francisco have been fully confirmed by the report of the special commission appointed by the Treasury Department to investigate and report upon this subject. This commission, as most of you know, was composed of Drs. Simon Flexner, F. G. Novy, and Lewyllis F. Barker. The report of the findings of this commission are published for the first time in today's issue of the *Occidental Medical Times*, whose editor I am under obligations to for furnishing me with proof sheets in advance, a part of which is pertinent to the foregoing remarks. . . .

And, still further, Doctor Kinyoun adds:

... After the commissioners had forwarded their report on or about February 27 last, and when the Governor and his sycophantic editorial and political business staff had failed in preventing the coming of this commission, its organization, and preventing its investigations, it was then deemed a necessary course to prevent the publication of the commissioners' findings, or anything else relating to plague in California. It was a bitter and relentless campaign, and headed by the chief executive of a state, who, in carrying out what is believed to be a dictated policy, steeped in bribery, corruption, and threats, saw fit to devote more than one-half of his annual message to what was termed "the bubonic plague scare." . . .